

**MCNAIR FARMS COMMUNITY ASSOCIATION, INC.
2011 OUTSIDE MEMBER FACILITY PASS APPLICATION**

OUTSIDE MEMBER INFORMATION

Name(s) _____ Date _____

Home Address _____

Home Phone # _____ Work Phone # _____

Email Address _____

Emergency Contact Name/Phone Number _____

NAME OF MEMBERS:

NAME	**BIRTH DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Children under 12 years old will not be issued a pass and must be accompanied by an adult bearing a valid pass.

** Indicate "A" if 18 or older

Please sign in the space provided below. Your signature acknowledges that all information contained herein is accurate and that all members listed above reside within your household. Your signature also constitutes your acknowledgment that you have read and agree to the McNair Farms Pool Facility Rules and Regulations.

Signature Date

Signature Date

TO BE COMPLETED BY MANAGEMENT

Payment of **\$400** Received? Y N
Approved by: _____ Date _____